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## BIB DATA SHEET

CONFIRMATION NO. 2860

<b>SERIAL NUMBER</b> 10/560,557	<b>FILING or 371(c) DATE</b> 04/28/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 4121	<b>ATTORNEY DOCKET NO.</b> 20712-506 NATL		
<b>APPLICANTS</b> Michael Solomon, Concord, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/18985 06/16/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 60478764 06/16/2003 UNITED STATES OF AMERICA 60496621 08/20/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/14/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SARA E CLARK/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES						
<b>TITLE</b> Methods for treating sleep disorders						
<b>FILING FEE RECEIVED</b> 1176	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			